

Initially, attach one affidavit per Individual listed in Question D (Background Information) on Firm's application.  
Once firm is licensed, submit for each new designee within 30 days of being designated. Firm's CT Viatical Settlement Broker License #: \_\_\_\_\_

## INDIVIDUAL VIATICAL SETTLEMENT BROKER AFFIDAVIT

### TO BE COMPLETED BY EACH INDIVIDUAL WHO WILL ACT ON BEHALF OF VIATICAL SETTLEMENT BROKER FIRM

Name (Last, First, MI) \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Have you ever been denied a Fidelity Bond, or had a Bond cancelled or revoked? Yes \_\_\_ No \_\_\_  
IF YES, give details: \_\_\_\_\_
2. Have you ever been refused a license, or had a license with a Government or other Regulatory Agency revoked? Yes \_\_\_ No \_\_\_  
IF YES, give details: \_\_\_\_\_
3. Have you ever had your name changed, or used another name? Yes \_\_\_ No \_\_\_  
IF YES, give details: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. List your residences for the last ten (10) years, starting with your current address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Education level achieved: High School \_\_\_ College \_\_\_ Degree \_\_\_ (IF CHECKED, give type of Degree: \_\_\_\_\_)
7. Professional Designations or Memberships: \_\_\_\_\_
8. List any companies in which you control, directly or indirectly, or own, legally or beneficially, 10% or more of the outstanding stock (in voting power):  
\_\_\_\_\_
9. Have you ever been adjudged bankrupt? Yes \_\_\_ (IF YES, attach details) No \_\_\_
10. Do you have a child-support obligation? Yes \_\_\_ No \_\_\_  
IF YES, are you currently in compliance with that obligation? Yes \_\_\_ No \_\_\_ (IF NO, attach details)
11. Have you ever been convicted of, or pled nolo contendere (no contest) to, a felony? Yes \_\_\_ No \_\_\_  
IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.
12. List three references who can attest to your trustworthiness, competence, and business reputation:

| NAME  | ADDRESS | PHONE | RELATIONSHIP |
|-------|---------|-------|--------------|
| _____ | _____   | _____ | _____        |
| _____ | _____   | _____ | _____        |
| _____ | _____   | _____ | _____        |

#### Attestation

The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this AFFIDAVIT and that to the best of his/her knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Viatical Settlements and will provide information to the prospective Viator including, but not limited to, alternative options and possible impact on Medicare and tax related issues.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC

COMMISSION EXPIRES

Month Day Year

Original Signature of Affiant

(SEAL)